ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Har int	<u> </u>	63-21-01
O.I.P.E. CLASSIFIER	C'	10	4-16-01
FORMALITY REVIEW	ת	6161_	(171516)
RESPONSE FORMALITY REVIEW	ln	967	8-13-01

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

— (Inrough r ÷	numerai) Canceled Restricte		Appe	eal cted
Claim Date	Claim	Date	Claim	Date
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	51		101	
. [-, -2	52		102	
3	53		103	
5	54		104	
6	56		105	
 	57	- 	107	
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9	59			
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12	62		112	
13	63		109 112 113 114 115	
14	64	699	114	
6	65	P	115	
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18	68	 	118	
19	69	+ 	119	
20	70	 	120	
21	71	 	121	
22	72	. 	122	
23	73	- - - - - - - - - - - - - - - - - - - 	123	
24	74		124	
25	75		125	
26	76		126	
27	77		127	
28 29	78		128	
30	80		129	
(3)	81		130	
32	82	+ 	132	
33	83		133	
34	84		134	
196	85		135	
36	86		136	
37	87		137	
38	88	4-4-4-4-4-4	138	
39 40	89		139	
41	90	+++++	140	
42 .	91		141	
43	92	+	142	
44	93	+++++	143	
45	95	+++++	144	
46	96		145	
47	97		147	
48	98	 	 	
49	99		149	
50	100		150	
× 9	**	450 11 15		

If more than 150 claims or 10 actions staple additional sheet here

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